

	A	B	C	D	E	F	G	H	I	J	K
1	<b>GHSA Intensive Partner Semi-Annual Reporting Instructions for FY20</b>										
2											
3	Report				Due Date*	Implementation Period					
4	FY20Q2 Mid-year Progress Report				17-Apr-20	Oct 1, 2019 - Mar 31, 2020					
5	FY20Q4 End of the Year Progress Report				#####	Apr 1, 2020 - Sep 30, 2020					
6	* USAID may need to adjust reporting schedules based on ad hoc requests; partners will be notified of changes as soon as possible										
7											
8	<b>Instructions</b>										
9	<b>Complete Columns C, F, G and H in the Section 1 (second tab) for relevant indicators</b>										
10	<b>Do not forget to complete Sections 2-4 (third tab)</b>										
11	<b>Send relevant pictures with captions/photo credit to enhance reporting</b>										
12	<b>Please submit reports to the USAID GHSA Washington team (apaust@usaid.gov) and the project AOR</b>										
13	<b>Duplicate Section 1 and Section 2 for as many countries as needed. Every country should have two tabs</b>										
14	<b>Please title each tab with each country name and partner name</b>										
15	<b>For more information on action packages, capacity levels and indicators, please use the JEE Tools:</b>										
16	<a href="#">JEE 1.0 (used previously for reporting)</a>										
17	<a href="#">WHO's JEE 2.0 tool (current tool used for workplanning and reporting)</a>										
18	<a href="#">WHO's Benchmarks Tool for IHR capacities</a>										
19	<b>Section 1 Tab</b>										
20	Column	Description				Partner Instructions					
21	A	Technical Area from JEE				Do not modify this column					
22	B	Indicator Name from JEE 1.0				Do not modify this column					
23	C	Official JEE 1.0 Score				Partner completes this section using published scores					
24	D	Indicator Name from JEE 2.0				Do not modify this column					
25	E	Conversion of Scores to JEE 2.0				Automatic conversion of JEE 1.0 to JEE 2.0 scores (DO NOT MODIFY)					
26	F	Estimation of FY20 Q2 JEE score				Partner provides estimate of projected JEE 2.0 scores in relevant technical areas					
27	G	Progress toward capacity gain				Partner reports specific progress made toward capacity score increases					
28	H	Comments				Partner provides additional comments relevant to activities, progress or scores					

	A	B	C	D	E	F	G
1	<b>Partner: OHW-NG</b>						
2	<b>Country: Cameroon</b>						
3	<i>Partner Instructions:</i>		<i>Fill this in</i>	<i>Do not modify</i>	<i>Do not modify</i>	<i>Fill this in</i>	<i>Fill this in</i>
4	Technical Area	JEE 1.0 Indicator	Official JEE score (1.0 Tool)	JEE 2.0 Indicator	Conversion to JEE 2.0 <i>calculated automatically</i>	Estimation of Projected FY20Q2 Score	Progress toward Capacity Gain (please reference benchmarks, as appropriate)
5	<b>National legislations, policy and financing</b>	P.1.1 Legislation, laws, regulations, administrative requirements, policies or other government instruments in place are sufficient for implementation of IHR		P.1.1 The State has assessed, adjusted and aligned its domestic legislation, policies and administrative arrangements in all relevant sectors, to enable compliance with the IHR	#N/A		
6		P.1.2 The state can demonstrate that it has adjusted and aligned its domestic legislation, policies and administrative arrangements to enable compliance with the IHR (2005)		P.1.2 Financing is available for the implementation of IHR capacities	new		
7				P.1.3 A financing mechanism and funds are available for timely response to public health emergencies	new		
8	<b>IHR coordination, communication and advocacy</b>	P.2.1 A functional mechanism established for the coordination and integration of relevant sectors in the implementation of IHR		P.2.1 A functional mechanism established for the coordination and integration of relevant sectors in the implementation of IHR	0		
9	<b>Antimicrobial resistance</b>	P.3.1 Antimicrobial resistance (AMR) detection		P.3.1 Effective multisectoral coordination on AMR	new		
10		P.3.2 Surveillance of infections caused by AMR pathogens		P.3.2 Surveillance of AMR	#N/A		
11		P.3.3 Healthcare associated infection (HCAI) prevention and control programs		P.3.3 Infection prevention and control	0		
12		P.3.4 Antimicrobial stewardship activities		P.3.4 Optimize use of antimicrobial medicines in human and animal health and agriculture	new		
13	<b>Zoonotic disease</b>	P.4.1 Surveillance systems in place for priority zoonotic diseases/pathogens		P.4.1 Coordinated surveillance systems in place in the animal health and public health sectors for zoonotic diseases/pathogens identified as joint priorities	0		
14		P.4.2 Veterinary or Animal Health Workforce		Moved to Human Resources	moved to HR		
15		P.4.3 Mechanisms for responding to zoonoses and potential zoonoses are established and functional		P.4.2 Mechanisms for responding to infectious and potential zoonotic diseases established and functional	0		

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16	Food safety			P.5.1 Surveillance systems in place for the detection and monitoring of foodborne diseases and food contamination	new		
17		P.5.1 Mechanisms are established and functioning for detecting and responding to foodborne disease and food contamination		P.5.2 Mechanisms are established and functioning for the response and management of food safety emergencies	0		
18	Biosafety and Biosecurity	P.6.1 Whole-of-Government biosafety and biosecurity system is in place for human, animal, and agriculture facilities		P.6.1 Whole-of-government biosafety and biosecurity system in place for all sectors (including human, animal and agriculture facilities)	0		
19		P.6.2 Biosafety and biosecurity training and practices		P.6.2 Biosafety and biosecurity training and practices in all relevant sectors (including human, animal and agriculture)	0		
20	Immunization	P.7.1 Vaccine coverage (measles) as part of national program		P.7.1 Vaccine coverage (measles) as part of national programme	0		
21		P.7.2 National vaccine access and delivery		P.7.2 National vaccine access and delivery	0		
22	National laboratory system	D.1.1 Laboratory testing for detection of priority diseases		D.1.1 Laboratory testing for detection of priority diseases	0		
23		D.1.2 Specimen referral and transport system		D.1.2 Specimen referral and transport system	0		
24		D.1.3 Effective modern point of care and laboratory based diagnostics		D.1.3 Effective national diagnostic network	0		
25		D.1.4 Laboratory Quality System		D.1.4 Laboratory quality system	0		
26	Real-time surveillance	D.2.1 Indicator and event based surveillance systems		D.2.1 Surveillance systems	0		
27		D.2.2 Inter-operable, interconnected, electronic real-time reporting system		D.2.2 Use of electronic tools	0		
28		D.2.3 Analysis of surveillance data		D.2.3 Analysis of surveillance data	0		
29		D.2.4 Syndromic surveillance systems			0		
30	Reporting	D.3.1 System for efficient reporting to WHO, FAO and OIE		D.3.1 System for efficient reporting to FAO, OIE and WHO	0		
31		D.3.2 Reporting network and protocols in country		D.3.2 Reporting network and protocols in country	0		

	A	B	C	D	E	F	G
32	Workforce development/ Human Resources	D.4.1 Human resources are available to implement IHR core capacity requirements	3	D.4.1 An up-to-date multisectoral workforce strategy is in place	3		OHW-NG Cameroon conducted meetings to coordinate with partners on Year 1 work plan activities, including the government (National One Health Platform), other USAID-funded programs (IDDS, MTAPs) and the USAID mission in Cameroon.
33		D.4.2 Field Epidemiology Training Program or other applied epidemiology training program in place	4	D.4.2 Human resources are available to effectively implement IHR	4	4	(1) The AFROHUN Cameroon team and University Network partners participated in the first COVID-19 Virtual Community of Practice (VCoP) ECHO session. These VCoPs specifically strengthen the workforce by offering online training and peer-to-peer learning opportunities engaging in-service professionals and students, spanning multiple disciplines across University, Government and Private Sectors (veterinary medicine, public health, agriculture, pharmaceuticals, wildlife and natural resources) in relevant topics such as COVID-19 IPC, and laboratory diagnostics. (2) OHW-NG also worked towards strengthening the functional and organizational capacities of the regional One Health University Networks as leaders in One Health workforce development. These capacity gains allow the University partners to successfully train future One Health professionals that will ultimately be available to support Cameroon's workforce and implement IHR effectively.

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32	<p>Participation in coordination meetings with national partners and stakeholders is critical to OHW-NG objectives. Notably, the OHW-NG Cameroon team strives to engage the Cameroon National One Health Platform to support One Health policies and coordinate with partners on strategies to promote a multisectoral workforce and to institutionalize One Health approaches.</p>	
33	<p>(1) OHW-NG utilizing Project ECHO, has begun engaging in-service professionals and students in online training and peer-to-peer learning opportunities through development of a Virtual Community of Practice (VCoP). In light of the COVID-19 pandemic, the ECHO session was oriented around providing the most up-to-date information on IPC, laboratory diagnostics, and basic preparedness. These VCoP platforms bring together subject matter experts and professionals from a variety of backgrounds and serve as a way to share best practices from a country, regional and global perspective. The VCoPs/ECHO sessions will continue throughout the project and will be oriented towards relevant topics such as COVID-19 and AMR. (2) OHW-NG provides the OH University Networks with multi-modal capacity-building to enhance their organizations in a stepwise approach, measurably improving across all seven domains of USAID's Organizational Capacity Assessment Tool (governance, administration, human resources, financial management, organizational management, program management, and project performance management).</p>	

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34		D.4.3 Workforce strategy	3	D.4.3 In-service trainings are available	new	3	OHW-NG continued to support development of Cameroon's national human resources by strengthening local capacity of the One Health workforce. In efforts to standardize trainings aimed at developing competent OH skills, OHW-NG has begun to curate OH training and evaluation tools across academic institutions in Cameroon with the aim of developing a One Health Academy. The Academy will target in-service trainings within the University Networks.
35				D.4.4 FETP or other applied epidemiology training programme is in place	4		
36	Emergency preparedness	R.1.1 Multi-hazard national public health emergency preparedness and response plan is developed and implemented		R.1.1 Strategic emergency risk assessments conducted and emergency resources identified and mapped	0		
37		R.1.2 Priority public health risks and resources are mapped and utilized.		R.1.2 National multisectoral multihazard emergency preparedness measures, including emergency response plans are developed, implemented and tested	0		
38	Emergency Response Operations	R.2.1 Capacity to Activate Emergency Operations		R.2.1 Emergency Response coordination	new		
39		R.2.2 Emergency Operations Center Operating Procedures and Plans		R.2.2 Emergency operations center (EOC) capacities, procedures and plans	#N/A		
40		R.2.3 Emergency Operations Program		R.2.3 Emergency exercise management programme	0		
41		R.2.4 Case management procedures are implemented for IHR relevant hazards.			Moved to MCM		
42	Linking public health and security authorities	R.3.1 Public Health and Security Authorities, (e.g. Law Enforcement, Border Control, Customs) are linked during a suspect or confirmed biological event		R.3.1 Public health and security authorities (e.g. law enforcement, border control, customs) linked during a suspect or confirmed biological, chemical or radiological event	0		
43	Medical counter-measures and personnel deployment	R.4.1 System is in place for sending and receiving medical countermeasures during a public health emergency		R.4.1 System in place for activating and coordinating medical countermeasures during a public health emergency	0		
44		R.4.2 System is in place for sending and receiving health personnel during a public health emergency		R.4.2 System in place for activating and coordinating health personnel during a public health emergency	0		
45				R.4.3 Case management procedures implemented for IHR relevant hazards	0		

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34	Offerings within the OH Academy will be tailored to address workforce and health security gaps. OHW-NG will work with regulatory bodies to adopt this OH Academy structure in their continuing professional development programs (in-service trainings) at a national level, to allow for formal credentialing of health professionals and further guaranteeing a well-trained and effective health workforce.	
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46	<b>Risk communications</b>	R.5.1 Risk Communication Systems (plans, mechanism, etc)		R.5.1 Risk Communication Systems (plans, mechanism, etc.)	0		
47		R.5.2 Internal and Partner Communication and Coordination		R.5.2 Internal and partner coordination for emergency risk communication	0		
48		R.5.3 Public Communication		R.5.3 Public communication for emergencies	0		
49		R.5.4 Communication Engagement with Affected Communities		R.5.4 Communication engagement with affected communities	0		
50		R.5.5 Dynamic Listening and Rumour Management		R.5.5 Addressing perceptions, risky behaviors and misinformation	0		
51	<b>Points of entry</b>	PoE.1 Routine capacities are established at PoE		PoE.1 Routine capacities established at points of entry	0		
52		PoE.2 Effective Public Health Response at Points of Entry		PoE.2 Effective public health response at points of entry	0		
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	A	B
1	Please add as many success stories/challenges/outbreaks per country as appropriate. Please send pictures as separate attachments.	
2	<b>Partner Name: OHW-NG</b>	<b>Cameroon</b>
3	<b>Section 2: Major success stories/notable achievements</b>	The “Teleconference and Training Unit” of the University of Buea, one of the two facilities acquired under the “Pedagogic Platform” activity of the OHW Project was officially inaugurated by the Vice-Chancellor of this AFROHUN Cameroon member university, on February 28th, 2020. The Teleconference and Training Unit makes use of dedicated Virtual Private Network nodes to transmit information between universities and partners in a secure manner to virtually deploy training and communications. Virtual platforms such as these will be used for both pre-service and in-service trainings increasing the capacity and number of individuals trained in One Health topics including disease control and response. In these challenging times of COVID-19, these virtual platforms will allow training opportunities to continue while Universities are temporarily closed due to stay-at-home orders.
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9	<b>Section 3: Challenges and potential solutions (if applicable)</b>	With the ongoing COVID-19 situation, all teams are on stay-at-home orders and working remotely. Challenges have risen related to internet connectivity. Teams are actively working to adapt to the situation and looking into options to increase bandwidth and remote access. The AFROHUN Cameroon team continues with planned activities as best as possible incorporating remote and virtual options.
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15	<b>Section 4: Outbreak response (if applicable)</b>	The AFROHUN Cameroon team is utilizing various online mailing and WhatsApp groups to share and disseminate up-to-date information related to outbreak response with AFROHUN Cameroon partners.
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1	<b>Partner: OHW-NG</b>						
2	<b>Country: Ethiopia</b>						
3	<i>Partner Instructions:</i>		<i>Fill this in</i>	<i>Do not modify</i>	<i>Do not modify</i>	<i>Fill this in</i>	<i>Fill this in</i>
4	<b>Technical Area</b>	<b>JEE 1.0 Indicator</b>	<b>Official JEE score (1.0 Tool)</b>	<b>JEE 2.0 Indicator</b>	<b>Conversion to JEE 2.0 <i>calculated automatically</i></b>	<b>Estimation of Projected FY20Q2 Score</b>	<b>Progress toward Capacity Gain (please reference benchmarks, as appropriate)</b>
5	<b>National legislations, policy and financing</b>	P.1.1 Legislation, laws, regulations, administrative requirements, policies or other government instruments in place are sufficient for implementation of IHR		P.1.1 The State has assessed, adjusted and aligned its domestic legislation, policies and administrative arrangements in all relevant sectors, to enable compliance with the IHR	#N/A		
6		P.1.2 The state can demonstrate that it has adjusted and aligned its domestic legislation, policies and administrative arrangements to enable compliance with the IHR (2005)		P.1.2 Financing is available for the implementation of IHR capacities	new		
7				P.1.3 A financing mechanism and funds are available for timely response to public health emergencies	new		
8	<b>IHR coordination, communication and advocacy</b>	P.2.1 A functional mechanism established for the coordination and integration of relevant sectors in the implementation of IHR		P.2.1 A functional mechanism established for the coordination and integration of relevant sectors in the implementation of IHR	0		
9	<b>Antimicrobial resistance</b>	P.3.1 Antimicrobial resistance (AMR) detection		P.3.1 Effective multisectoral coordination on AMR	new		
10		P.3.2 Surveillance of infections caused by AMR pathogens		P.3.2 Surveillance of AMR	#N/A		
11		P.3.3 Healthcare associated infection (HCAI) prevention and control programs		P.3.3 Infection prevention and control	0		
12		P.3.4 Antimicrobial stewardship activities		P.3.4 Optimize use of antimicrobial medicines in human and animal health and agriculture	new		
13	<b>Zoonotic disease</b>	P.4.1 Surveillance systems in place for priority zoonotic diseases/pathogens		P.4.1 Coordinated surveillance systems in place in the animal health and public health sectors for zoonotic diseases/pathogens identified as joint priorities	0		
14		P.4.2 Veterinary or Animal Health Workforce		Moved to Human Resources	moved to HR		
15		P.4.3 Mechanisms for responding to zoonoses and potential zoonoses are established and functional		P.4.2 Mechanisms for responding to infectious and potential zoonotic diseases established and functional	0		

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16	Food safety			P.5.1 Surveillance systems in place for the detection and monitoring of foodborne diseases and food contamination	new		
17		P.5.1 Mechanisms are established and functioning for detecting and responding to foodborne disease and food contamination		P.5.2 Mechanisms are established and functioning for the response and management of food safety emergencies	0		
18	Biosafety and Biosecurity	P.6.1 Whole-of-Government biosafety and biosecurity system is in place for human, animal, and agriculture facilities		P.6.1 Whole-of-government biosafety and biosecurity system in place for all sectors (including human, animal and agriculture facilities)	0		
19		P.6.2 Biosafety and biosecurity training and practices		P.6.2 Biosafety and biosecurity training and practices in all relevant sectors (including human, animal and agriculture)	0		
20	Immunization	P.7.1 Vaccine coverage (measles) as part of national program		P.7.1 Vaccine coverage (measles) as part of national programme	0		
21		P.7.2 National vaccine access and delivery		P.7.2 National vaccine access and delivery	0		
22	National laboratory system	D.1.1 Laboratory testing for detection of priority diseases		D.1.1 Laboratory testing for detection of priority diseases	0		
23		D.1.2 Specimen referral and transport system		D.1.2 Specimen referral and transport system	0		
24		D.1.3 Effective modern point of care and laboratory based diagnostics		D.1.3 Effective national diagnostic network	0		
25		D.1.4 Laboratory Quality System		D.1.4 Laboratory quality system	0		
26	Real-time surveillance	D.2.1 Indicator and event based surveillance systems		D.2.1 Surveillance systems	0		
27		D.2.2 Inter-operable, interconnected, electronic real-time reporting system		D.2.2 Use of electronic tools	0		
28		D.2.3 Analysis of surveillance data		D.2.3 Analysis of surveillance data	0		
29		D.2.4 Syndromic surveillance systems			0		
30	Reporting	D.3.1 System for efficient reporting to WHO, FAO and OIE		D.3.1 System for efficient reporting to FAO, OIE and WHO	0		
31		D.3.2 Reporting network and protocols in country		D.3.2 Reporting network and protocols in country	0		
32		D.4.1 Human resources are available to implement IHR core capacity requirements	3	D.4.1 An up-to-date multisectoral workforce strategy is in place	3		

	A	B	C	D	E	F	G
33	Workforce development/ Human Resources	D.4.2 Field Epidemiology Training Program or other applied epidemiology training program in place	4	D.4.2 Human resources are available to effectively implement IHR	4	4	(1) The AFROHUN Ethiopia team and University Network partners participated in the first COVID-19 Virtual Community of Practice (VCoP) ECHO session. These VCoPs specifically strengthen the workforce by offering online training and peer-to-peer learning opportunities engaging in-service professionals and students, spanning multiple disciplines across University, Government and Private Sectors (veterinary medicine, public health, agriculture, pharmaceuticals, wildlife and natural resources) in relevant topics such as COVID-19 IPC, and laboratory diagnostics. (2) OHW-NG also worked towards strengthening the functional and organizational capacities of the regional One Health University Networks as leaders in One Health workforce development. These capacity gains allow the University partners to successfully train future One Health professionals that will ultimately be available to support Ethiopia's workforce and implement IHR effectively.
34		D.4.3 Workforce strategy	3	D.4.3 In-service trainings are available	new	3	OHW-NG continued to support development of Ethiopia's national human resources by strengthening local capacity of the One Health workforce. In efforts to standardize trainings aimed at developing competent OH skills, OHW-NG has begun to curate OH training and evaluation tools across academic institutions in Ethiopia with the aim of developing a One Health Academy. The Academy will target in-service trainings within the University Networks.
35				D.4.4 FETP or other applied epidemiology training programme is in place	4		
36	Emergency	R.1.1 Multi-hazard national public health emergency preparedness and response plan is developed and implemented		R.1.1 Strategic emergency risk assessments conducted and emergency resources identified and mapped	0		

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33	<p>(1) OHW-NG utilizing Project ECHO, has begun engaging in-service professionals and students in online training and peer-to-peer learning opportunities through development of a Virtual Community of Practice (VCoP). In light of the COVID-19 pandemic, the ECHO session was oriented around providing the most up-to-date information on IPC, laboratory diagnostics, and basic preparedness. These VCoP platforms bring together subject matter experts and professionals from a variety of backgrounds and serve as a way to share best practices from a country, regional and global perspective. The VCoPs/ECHO sessions will continue throughout the project and will be oriented towards relevant topics such as COVID-19 and AMR. (2) OHW-NG provides the OH University Networks with multi-modal capacity-building to enhance their organizations in a stepwise approach, measurably improving across all seven domains of USAID's Organizational Capacity Assessment Tool (governance, administration, human resources, financial management, organizational management, program management, and project performance management).</p>
34	<p>Offerings within the OH Academy will be tailored to address workforce and health security gaps. OHW-NG will work with regulatory bodies to adopt this OH Academy structure in their continuing professional development programs (in-service trainings) at a national level, to allow for formal credentialing of health professionals and further guaranteeing a well-trained and effective health workforce.</p>
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37	<b>Emergency preparedness</b>	R.1.2 Priority public health risks and resources are mapped and utilized.		R.1.2 National multisectoral multihazard emergency preparedness measures, including emergency response plans are developed, implemented and tested	0		
38	<b>Emergency Response Operations</b>	R.2.1 Capacity to Activate Emergency Operations		R.2.1 Emergency Response coordination	new		
39		R.2.2 Emergency Operations Center Operating Procedures and Plans		R.2.2 Emergency operations center (EOC) capacities, procedures and plans	#N/A		
40		R.2.3 Emergency Operations Program		R.2.3 Emergency exercise management programme	0		
41		R.2.4 Case management procedures are implemented for IHR relevant hazards.			Moved to MCM		
42	<b>Linking public health and security authorities</b>	R.3.1 Public Health and Security Authorities, (e.g. Law Enforcement, Border Control, Customs) are linked during a suspect or confirmed biological event		R.3.1 Public health and security authorities (e.g. law enforcement, border control, customs) linked during a suspect or confirmed biological, chemical or radiological event	0		
43	<b>Medical counter-measures and personnel deployment</b>	R.4.1 System is in place for sending and receiving medical countermeasures during a public health emergency		R.4.1 System in place for activating and coordinating medical countermeasures during a public health emergency	0		
44		R.4.2 System is in place for sending and receiving health personnel during a public health emergency		R.4.2 System in place for activating and coordinating health personnel during a public health emergency	0		
45				R.4.3 Case management procedures implemented for IHR relevant hazards	0		
46	<b>Risk communications</b>	R.5.1 Risk Communication Systems (plans, mechanism, etc)		R.5.1 Risk Communication Systems (plans, mechanism, etc.)	0		
47		R.5.2 Internal and Partner Communication and Coordination		R.5.2 Internal and partner coordination for emergency risk communication	0		
48		R.5.3 Public Communication		R.5.3 Public communication for emergencies	0		
49		R.5.4 Communication Engagement with Affected Communities		R.5.4 Communication engagement with affected communities	0		
50		R.5.5 Dynamic Listening and Rumour Management		R.5.5 Addressing perceptions, risky behaviors and misinformation	0		
51	<b>Points of entry</b>	PoE.1 Routine capacities are established at PoE		PoE.1 Routine capacities established at points of entry	0		
52		PoE.2 Effective Public Health Response at Points of Entry		PoE.2 Effective public health response at points of entry	0		



	A	B	C	D	E	F	G
53	Other						Participated in a GHSA partners' meeting held in Addis Ababa on January 16, 2020. Each of the partners presented their planned activities, accomplishments, and activities to be implemented during the following month.

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53	<p>Coordination meetings with national and local partners and stakeholders is critical to OHW-NG objectives. The OHW-NG Ethiopia team will continue to participate in these meetings throughout the project ensuring coordination with other USG and stakeholders activities, as well as to promote One Health policies and strategies related to multisectoral workforce and institutionalization of One Health approaches.</p>

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1	Please add as many success stories/challenges/outbreaks per country as appropriate. Please send pictures as separate attachments.	
2	<b>Partner Name: OHW-NG</b>	<b>Ethiopia</b>
3	<b>Section 2: Major success stories/notable achievements</b>	The AFROHUN Ethiopia team participated in radio talk shows to enhance community awareness about outbreak response and reduce community members' misconceptions about the current disease outbreak. The team initiated Twitter and Facebook accounts for AFROHUN Ethiopia which currently have 159 and 388 followers, respectively. With the impact of COVID-19 and University closures, online communication platforms and the ability to share up-to-date and accurate information is critical.
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9	<b>Section 3: Challenges and potential solutions (if applicable)</b>	With the ongoing COVID-19 situation, all teams are on stay-at-home orders and working remotely. Challenges have risen related to internet connectivity. Teams are actively working to adapt to the situation and looking into options to increase bandwidth and remote access. The AFROHUN Ethiopia team continues with planned activities as best as possible incorporating remote and virtual options.
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15	<b>Section 4: Outbreak response (if applicable)</b>	
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	A	B	C	D	E	F	G
1	<b>Partner: OHW-NG</b>						
2	<b>Country: Kenya</b>						
3	<i>Partner Instructions:</i>		<i>Fill this in</i>	<i>Do not modify</i>	<i>Do not modify</i>	<i>Fill this in</i>	<i>Fill this in</i>
4	<b>Technical Area</b>	<b>JEE 1.0 Indicator</b>	<b>Official JEE score (1.0 Tool)</b>	<b>JEE 2.0 Indicator</b>	<b>Conversion to JEE 2.0 <i>calculated automatically</i></b>	<b>Estimation of Projected FY20Q2 Score</b>	<b>Progress toward Capacity Gain (please reference benchmarks, as appropriate)</b>
5	<b>National legislations, policy and financing</b>	P.1.1 Legislation, laws, regulations, administrative requirements, policies or other government instruments in place are sufficient for implementation of IHR		P.1.1 The State has assessed, adjusted and aligned its domestic legislation, policies and administrative arrangements in all relevant sectors, to enable compliance with the IHR	#N/A		
6		P.1.2 The state can demonstrate that it has adjusted and aligned its domestic legislation, policies and administrative arrangements to enable compliance with the IHR (2005)		P.1.2 Financing is available for the implementation of IHR capacities	new		
7				P.1.3 A financing mechanism and funds are available for timely response to public health emergencies	new		
8	<b>IHR coordination, communication and advocacy</b>	P.2.1 A functional mechanism established for the coordination and integration of relevant sectors in the implementation of IHR		P.2.1 A functional mechanism established for the coordination and integration of relevant sectors in the implementation of IHR	0		
9	<b>Antimicrobial resistance</b>	P.3.1 Antimicrobial resistance (AMR) detection		P.3.1 Effective multisectoral coordination on AMR	new		
10		P.3.2 Surveillance of infections caused by AMR pathogens		P.3.2 Surveillance of AMR	#N/A		
11		P.3.3 Healthcare associated infection (HCAI) prevention and control programs		P.3.3 Infection prevention and control	0		
12		P.3.4 Antimicrobial stewardship activities		P.3.4 Optimize use of antimicrobial medicines in human and animal health and agriculture	new		
13	<b>Zoonotic disease</b>	P.4.1 Surveillance systems in place for priority zoonotic diseases/pathogens		P.4.1 Coordinated surveillance systems in place in the animal health and public health sectors for zoonotic diseases/pathogens identified as joint priorities	0		
14		P.4.2 Veterinary or Animal Health Workforce		Moved to Human Resources	moved to HR		
15		P.4.3 Mechanisms for responding to zoonoses and potential zoonoses are established and functional		P.4.2 Mechanisms for responding to infectious and potential zoonotic diseases established and functional	0		

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16	Food safety			P.5.1 Surveillance systems in place for the detection and monitoring of foodborne diseases and food contamination	new		
17		P.5.1 Mechanisms are established and functioning for detecting and responding to foodborne disease and food contamination		P.5.2 Mechanisms are established and functioning for the response and management of food safety emergencies	0		
18	Biosafety and Biosecurity	P.6.1 Whole-of-Government biosafety and biosecurity system is in place for human, animal, and agriculture facilities		P.6.1 Whole-of-government biosafety and biosecurity system in place for all sectors (including human, animal and agriculture facilities)	0		
19		P.6.2 Biosafety and biosecurity training and practices		P.6.2 Biosafety and biosecurity training and practices in all relevant sectors (including human, animal and agriculture)	0		
20	Immunization	P.7.1 Vaccine coverage (measles) as part of national program		P.7.1 Vaccine coverage (measles) as part of national programme	0		
21		P.7.2 National vaccine access and delivery		P.7.2 National vaccine access and delivery	0		
22	National laboratory system	D.1.1 Laboratory testing for detection of priority diseases		D.1.1 Laboratory testing for detection of priority diseases	0		
23		D.1.2 Specimen referral and transport system		D.1.2 Specimen referral and transport system	0		
24		D.1.3 Effective modern point of care and laboratory based diagnostics		D.1.3 Effective national diagnostic network	0		
25		D.1.4 Laboratory Quality System		D.1.4 Laboratory quality system	0		
26	Real-time surveillance	D.2.1 Indicator and event based surveillance systems		D.2.1 Surveillance systems	0		
27		D.2.2 Inter-operable, interconnected, electronic real-time reporting system		D.2.2 Use of electronic tools	0		
28		D.2.3 Analysis of surveillance data		D.2.3 Analysis of surveillance data	0		
29		D.2.4 Syndromic surveillance systems			0		
30	Reporting	D.3.1 System for efficient reporting to WHO, FAO and OIE		D.3.1 System for efficient reporting to FAO, OIE and WHO	0		
31		D.3.2 Reporting network and protocols in country		D.3.2 Reporting network and protocols in country	0		

	A	B	C	D	E	F	G
32		D.4.1 Human resources are available to implement IHR core capacity requirements	3	D.4.1 An up-to-date multisectoral workforce strategy is in place	3		The OHW-NG Kenya team reviewed the One Health Strategic Plan for Kenya and made suggestions and inputs related to incorporation of AFROHUN as a key stakeholder.

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32	<p>Participate in local and national stakeholder meetings to support One Health policies and coordinate with partners on strategies to promote a multisectoral workforce and to institutionalize One Health approaches is critical to the OHW-NG project. OHW-NG Kenya team will actively engage with One Health Coordination Platforms and Desks to encourage and nurture multi-sectoral communication and national health security. Technical support will be provided to guide strategy on one health workforce retention, promotion of continuous education as well as a qualified workforce strengthening national health security.</p>



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33	Workforce development/ Human Resources	D.4.2 Field Epidemiology Training Program or other applied epidemiology training program in place	4	D.4.2 Human resources are available to effectively implement IHR	4	4	(1) The AFROHUN Kenya team and University Network partners participated in the first COVID-19 Virtual Community of Practice (VCoP) ECHO session. These VCoPs specifically strengthen the workforce by offering online training and peer-to-peer learning opportunities engaging in-service professionals and students, spanning multiple disciplines across University, Government and Private Sectors (veterinary medicine, public health, agriculture, pharmaceuticals, wildlife and natural resources) in relevant topics such as COVID-19 IPC, and laboratory diagnostics. (2) OHW-NG also worked towards strengthening the functional and organizational capacities of the regional One Health University Networks as leaders in One Health workforce development. These capacity gains allow the University partners to successfully train future One Health professionals that will ultimately be available to support Kenya's workforce and implement IHR effectively.
34		D.4.3 Workforce strategy	2	D.4.3 In-service trainings are available	new	2	(1) The AFROHUN Kenya team participated in a planning meeting for capacity building of frontline health workers (including Environmental Health Officers) involved in current outbreak response activities. (2) OHW-NG continued to support development of Kenya's national human resources by strengthening local capacity of the One Health workforce. In efforts to standardize trainings aimed at developing competent OH skills, OHW-NG has begun to curate OH training and evaluation tools across academic institutions in Kenya with the aim of developing a One Health Academy. The Academy will target in-service trainings within the University Networks.
35				D.4.4 FETP or other applied epidemiology training programme is in place	4		

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33	<p>ECHO, has begun engaging in-service professionals and students in online training and peer-to-peer learning opportunities through development of a Virtual Community of Practice (VCoP). In light of the COVID-19 pandemic, the ECHO session was oriented around providing the most up-to-date information on IPC, laboratory diagnostics, and basic preparedness. These VCoP platforms bring together subject matter experts and professionals from a variety of backgrounds and serve as a way to share best practices from a country, regional and global perspective. The VCoPs/ECHO sessions will continue throughout the project and will be oriented towards relevant topics such as COVID-19 and AMR. (2) OHW-NG provides the OH University Networks with multi-modal capacity-building to enhance their organizations in a stepwise approach, measurably improving across all seven domains of USAID's Organizational Capacity Assessment Tool (governance, administration, human resources, financial management, organizational management, program management,</p>
34	<p>The OHW-NG team will continue to target in-service trainings as part of the project, increasing the capacity of the health workforce available to respond to health security threats in the country. Offerings within the OH Academy will be tailored to address workforce and health security gaps. OHW-NG will work with regulatory bodies to adopt this OH Academy structure in their continuing professional development programs (in-service trainings) at a national level, to allow for formal credentialing of health professionals and further guaranteeing a well-trained and effective health workforce.</p>
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36	<b>Emergency preparedness</b>	R.1.1 Multi-hazard national public health emergency preparedness and response plan is developed and implemented		R.1.1 Strategic emergency risk assessments conducted and emergency resources identified and mapped	0		
37		R.1.2 Priority public health risks and resources are mapped and utilized.		R.1.2 National multisectoral multihazard emergency preparedness measures, including emergency response plans are developed, implemented and tested	0		
38	<b>Emergency Response Operations</b>	R.2.1 Capacity to Activate Emergency Operations		R.2.1 Emergency Response coordination	new		
39		R.2.2 Emergency Operations Center Operating Procedures and Plans		R.2.2 Emergency operations center (EOC) capacities, procedures and plans	#N/A		
40		R.2.3 Emergency Operations Program		R.2.3 Emergency exercise management programme	0		
41		R.2.4 Case management procedures are implemented for IHR relevant hazards.			Moved to MCM		
42	<b>Linking public health and security authorities</b>	R.3.1 Public Health and Security Authorities, (e.g. Law Enforcement, Border Control, Customs) are linked during a suspect or confirmed biological event		R.3.1 Public health and security authorities (e.g. law enforcement, border control, customs) linked during a suspect or confirmed biological, chemical or radiological event	0		
43	<b>Medical counter-measures and personnel deployment</b>	R.4.1 System is in place for sending and receiving medical countermeasures during a public health emergency		R.4.1 System in place for activating and coordinating medical countermeasures during a public health emergency	0		
44		R.4.2 System is in place for sending and receiving health personnel during a public health emergency		R.4.2 System in place for activating and coordinating health personnel during a public health emergency	0		
45				R.4.3 Case management procedures implemented for IHR relevant hazards	0		
46	<b>Risk communications</b>	R.5.1 Risk Communication Systems (plans, mechanism, etc)		R.5.1 Risk Communication Systems (plans, mechanism, etc.)	0		
47		R.5.2 Internal and Partner Communication and Coordination		R.5.2 Internal and partner coordination for emergency risk communication	0		
48		R.5.3 Public Communication		R.5.3 Public communication for emergencies	0		
49		R.5.4 Communication Engagement with Affected Communities		R.5.4 Communication engagement with affected communities	0		
50		R.5.5 Dynamic Listening and Rumour Management		R.5.5 Addressing perceptions, risky behaviors and misinformation	0		

	A	B	C	D	E	F	G
51	Points of entry	PoE.1 Routine capacities are established at PoE		PoE.1 Routine capacities established at points of entry	0		
52		PoE.2 Effective Public Health Response at Points of Entry		PoE.2 Effective public health response at points of entry	0		
53	Other						Participated in an AMR workshop organized by the National Antimicrobial Stewardship Implementation Committee (NASIC) from 29th – 31st January 2020.

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53	<p>Participation in national and local partners and stakeholder activities is critical to OHW-NG objectives. The AFROHUN Kenya team will continue to participate in these events throughout the project to promote One Health policies and strategies related to multisectoral workforce and institutionalization of One Health approaches.</p>

	A
1	Please add as many success stories/challenges/outb
2	<b>Partner Name: OHW-NG</b>
3	Section 2: Major success stories/notable achievements
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11	Section 3: Challenges and potential solutions (if applicable)
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15	Section 4: Outbreak response (if applicable)
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	B
1	Weeks per country as appropriate. Please send pictures as separate attachments.
2	<b>Kenya</b>
3	<b>Major Achievements:</b>
4	The University of Nairobi College of Health Sciences SOHIC held a virtual seminar on 28/03/2020 on One Health. With the impact of COVID-19 and University closures, online platforms will allow training activities (both in-service and pre-service) and engagement to continue as well as reach an expanded audience.
5	<b>Success Story: Moi University SOHIC Wins Student Projects for Health Award</b>
6	AFROHUN (formally OCHEA) uses Student One Health Innovations Clubs (SOHIC) as one of the interventions to promote experiential learning among students across African universities and to break down the disciplinary silos among the future workforce to promote One Health approaches. SOHICs are comprised of students from multiple disciplines who work together on student-led activities, such as debates, community outreach activities, global health case competitions, and training. The student teams approach the activities through a One Health approach. The Moi University SOHIC was initiated in 2015 with a mission to "To nurture and equip members with the vast knowledge and experience to curb One Health related problems". The club participated in a competition for the 2020 Student Projects For Health (SPFH). The competition recognizes students who have made outstanding contributions to projects that successfully promote community health and well-being. Launched by FAIMER in 2015, the competition is now overseen by The Network: Towards Unity for Health (TUFH) and sponsored by the Educational Commission for Foreign Medical Graduates/Foundation for Advancement of International Medical Education and Research as part of the annual conference of The Network: TUFH. It is open to all currently enrolled undergraduate and graduate students who have been participating in such projects. As part of the competition, the Moi University SOHIC submitted a write-up on how the One Health approach has been successful in the activities that SOHIC members have participated in, including health education, community awareness campaigns, global health case competitions, and community engagement and research at the One Health demonstration sites. The Moi University SOHIC emerged among the 2020 SPFH winners. A student representative of the club, Mr. Simon Peter Oteba Orapidi, will be sponsored to attend the conference that will take place in Mexico City in September 2020.
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12	With the ongoing COVID-19 situation, all teams are on stay-at-home orders and working remotely. Challenges have risen related to internet connectivity. Teams are actively working to adapt to the situation and looking into options to increase bandwidth and remote access. The AFROHUN Kenya team continues with planned activities as best as possible incorporating remote and virtual options.
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19	AFROHUN Kenya organized a sensitization session on outbreak response for students on 12th March 2020 at the University of Nairobi -College of Agriculture and Veterinary Services (UoN-CAVS), where a total of 71 participants attended the session that was facilitated by partners from the Institute of Primate Research and the GHSA.
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	A	B	C	D	E	F	G
1	<b>Partner: OHW-NG</b>						
2	<b>Country: Senegal</b>						
3	<i>Partner Instructions:</i>		<i>Fill this in</i>	<i>Do not modify</i>	<i>Do not modify</i>	<i>Fill this in</i>	<i>Fill this in</i>
4	Technical Area	JEE 1.0 Indicator	Official JEE score (1.0 Tool)	JEE 2.0 Indicator	Conversion to JEE 2.0 <i>calculated automatically</i>	Estimation of Projected FY20Q2 Score	Progress toward Capacity Gain (please reference benchmarks, as appropriate)
5	<b>National legislations, policy and financing</b>	P.1.1 Legislation, laws, regulations, administrative requirements, policies or other government instruments in place are sufficient for implementation of IHR		P.1.1 The State has assessed, adjusted and aligned its domestic legislation, policies and administrative arrangements in all relevant sectors, to enable compliance with the IHR	#N/A		
6		P.1.2 The state can demonstrate that it has adjusted and aligned its domestic legislation, policies and administrative arrangements to enable compliance with the IHR (2005)		P.1.2 Financing is available for the implementation of IHR capacities	new		
7				P.1.3 A financing mechanism and funds are available for timely response to public health emergencies	new		
8	<b>IHR coordination, communication and advocacy</b>	P.2.1 A functional mechanism established for the coordination and integration of relevant sectors in the implementation of IHR		P.2.1 A functional mechanism established for the coordination and integration of relevant sectors in the implementation of IHR	0		
9	<b>Antimicrobial resistance</b>	P.3.1 Antimicrobial resistance (AMR) detection		P.3.1 Effective multisectoral coordination on AMR	new		
10		P.3.2 Surveillance of infections caused by AMR pathogens		P.3.2 Surveillance of AMR	#N/A		
11		P.3.3 Healthcare associated infection (HCAI) prevention and control programs		P.3.3 Infection prevention and control	0		
12		P.3.4 Antimicrobial stewardship activities		P.3.4 Optimize use of antimicrobial medicines in human and animal health and agriculture	new		
13	<b>Zoonotic disease</b>	P.4.1 Surveillance systems in place for priority zoonotic diseases/pathogens		P.4.1 Coordinated surveillance systems in place in the animal health and public health sectors for zoonotic diseases/pathogens identified as joint priorities	0		
14		P.4.2 Veterinary or Animal Health Workforce		Moved to Human Resources	moved to HR		
15		P.4.3 Mechanisms for responding to zoonoses and potential zoonoses are established and functional		P.4.2 Mechanisms for responding to infectious and potential zoonotic diseases established and functional	0		



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16	Food safety			P.5.1 Surveillance systems in place for the detection and monitoring of foodborne diseases and food contamination	new		
17		P.5.1 Mechanisms are established and functioning for detecting and responding to foodborne disease and food contamination		P.5.2 Mechanisms are established and functioning for the response and management of food safety emergencies	0		
18	Biosafety and Biosecurity	P.6.1 Whole-of-Government biosafety and biosecurity system is in place for human, animal, and agriculture facilities		P.6.1 Whole-of-government biosafety and biosecurity system in place for all sectors (including human, animal and agriculture facilities)	0		
19		P.6.2 Biosafety and biosecurity training and practices		P.6.2 Biosafety and biosecurity training and practices in all relevant sectors (including human, animal and agriculture)	0		
20	Immunization	P.7.1 Vaccine coverage (measles) as part of national program		P.7.1 Vaccine coverage (measles) as part of national programme	0		
21		P.7.2 National vaccine access and delivery		P.7.2 National vaccine access and delivery	0		
22	National laboratory system	D.1.1 Laboratory testing for detection of priority diseases		D.1.1 Laboratory testing for detection of priority diseases	0		
23		D.1.2 Specimen referral and transport system		D.1.2 Specimen referral and transport system	0		
24		D.1.3 Effective modern point of care and laboratory based diagnostics		D.1.3 Effective national diagnostic network	0		
25		D.1.4 Laboratory Quality System		D.1.4 Laboratory quality system	0		
26	Real-time surveillance	D.2.1 Indicator and event based surveillance systems		D.2.1 Surveillance systems	0		
27		D.2.2 Inter-operable, interconnected, electronic real-time reporting system		D.2.2 Use of electronic tools	0		
28		D.2.3 Analysis of surveillance data		D.2.3 Analysis of surveillance data	0		
29		D.2.4 Syndromic surveillance systems			0		
30	Reporting	D.3.1 System for efficient reporting to WHO, FAO and OIE		D.3.1 System for efficient reporting to FAO, OIE and WHO	0		
31		D.3.2 Reporting network and protocols in country		D.3.2 Reporting network and protocols in country	0		
32		D.4.1 Human resources are available to implement IHR core capacity requirements	3	D.4.1 An up-to-date multisectoral workforce strategy is in place	3		

	A	B	C	D	E	F	G
33	Workforce development/ Human Resources	D.4.2 Field Epidemiology Training Program or other applied epidemiology training program in place	4	D.4.2 Human resources are available to effectively implement IHR	4	4	(1) The AFROHUN Senegal team and University Network partners participated in the first COVID-19 Virtual Community of Practice (VCoP) ECHO session. These VCoPs specifically strengthen the workforce by offering online training and peer-to-peer learning opportunities engaging in-service professionals and students, spanning multiple disciplines across University, Government and Private Sectors (veterinary medicine, public health, agriculture, pharmaceuticals, wildlife and natural resources) in relevant topics such as COVID-19 IPC, and laboratory diagnostics. (2) OHW-NG also worked towards strengthening the functional and organizational capacities of the regional One Health University Networks as leaders in One Health workforce development. These capacity gains allow the University partners to successfully train future One Health professionals that will ultimately be available to support Senegal workforce and implement IHR effectively.
34		D.4.3 Workforce strategy	2	D.4.3 In-service trainings are available	new	2	OHW-NG continued to support development of Senegal's national human resources by strengthening local capacity of the One Health workforce. In efforts to standardize trainings aimed at developing competent OH skills, OHW-NG has begun to curate OH training and evaluation tools across academic institutions in Senegal with the aim of developing a One Health Academy. The Academy will target in-service trainings within the University Networks.
35				D.4.4 FETP or other applied epidemiology training programme is in place	4		

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33	<p>Project ECHO, has begun engaging in-service professionals and students in online training and peer-to-peer learning opportunities through development of a Virtual Community of Practice (VCoP). In light of the COVID-19 pandemic, the ECHO session was oriented around providing the most up-to-date information on IPC, laboratory diagnostics, and basic preparedness. These VCoP platforms bring together subject matter experts and professionals from a variety of backgrounds and serve as a way to share best practices from a country, regional and global perspective. The VCoPs/ECHO sessions will continue throughout the project and will be oriented towards relevant topics such as COVID-19 and AMR. (2) OHW-</p>
34	<p>Offerings within the OH Academy will be tailored to address workforce and health security gaps. OHW-NG will work with regulatory bodies to adopt this OH Academy structure in their continuing professional development programs (in-service trainings) at a national level, to allow for formal credentialing of health professionals and further guaranteeing a well-trained and effective health workforce.</p>
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	A	B	C	D	E	F	G
36	<b>Emergency preparedness</b>	R.1.1 Multi-hazard national public health emergency preparedness and response plan is developed and implemented		R.1.1 Strategic emergency risk assessments conducted and emergency resources identified and mapped	0		
37		R.1.2 Priority public health risks and resources are mapped and utilized.		R.1.2 National multisectoral multihazard emergency preparedness measures, including emergency response plans are developed, implemented and tested	0		
38	<b>Emergency Response Operations</b>	R.2.1 Capacity to Activate Emergency Operations		R.2.1 Emergency Response coordination	new		
39		R.2.2 Emergency Operations Center Operating Procedures and Plans		R.2.2 Emergency operations center (EOC) capacities, procedures and plans	#N/A		
40		R.2.3 Emergency Operations Program		R.2.3 Emergency exercise management programme	0		
41		R.2.4 Case management procedures are implemented for IHR relevant hazards.			Moved to MCM		
42	<b>Linking public health and security authorities</b>	R.3.1 Public Health and Security Authorities, (e.g. Law Enforcement, Border Control, Customs) are linked during a suspect or confirmed biological event		R.3.1 Public health and security authorities (e.g. law enforcement, border control, customs) linked during a suspect or confirmed biological, chemical or radiological event	0		
43	<b>Medical counter-measures and personnel deployment</b>	R.4.1 System is in place for sending and receiving medical countermeasures during a public health emergency		R.4.1 System in place for activating and coordinating medical countermeasures during a public health emergency	0		
44		R.4.2 System is in place for sending and receiving health personnel during a public health emergency		R.4.2 System in place for activating and coordinating health personnel during a public health emergency	0		
45				R.4.3 Case management procedures implemented for IHR relevant hazards	0		
46	<b>Risk communications</b>	R.5.1 Risk Communication Systems (plans, mechanism, etc)		R.5.1 Risk Communication Systems (plans, mechanism, etc.)	0		
47		R.5.2 Internal and Partner Communication and Coordination		R.5.2 Internal and partner coordination for emergency risk communication	0		
48		R.5.3 Public Communication		R.5.3 Public communication for emergencies	0		
49		R.5.4 Communication Engagement with Affected Communities		R.5.4 Communication engagement with affected communities	0		
50		R.5.5 Dynamic Listening and Rumour Management		R.5.5 Addressing perceptions, risky behaviors and misinformation	0		

	A	B	C	D	E	F	G
51	Points of entry	PoE.1 Routine capacities are established at PoE		PoE.1 Routine capacities established at points of entry	0		
52		PoE.2 Effective Public Health Response at Points of Entry		PoE.2 Effective public health response at points of entry	0		
53	Other						(1) AFROHUN Senegal participated in national and international partner's conferences, including workshops organized by the National council on sanitary security One Health (December 18 2019, January 15 2020, March 4 – 6 2020); USAID (COPIIL on December 23 2020 and COP on March 12 2020); and Breakthrough Action (January 8 – 10 2020, March 17 -19 2020). (2) Student One Health Innovations Clubs (SOHICs) of the University Cheikh Anta Diop (UCAD) of Dakar and Université de Liège (Belgium) participated in a climate change project entitled "Village climato-intelligent au Sénégal, ou comment s'adapter au changement climatique".

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53	<p>Coordination meetings with national and local partners and stakeholders is critical to OHW-NG objectives. The AFROHUN Senegal team will continue to participate in these meetings throughout the project ensuring coordination with other USG and stakeholders activities, as well as to promote One Health policies and strategies related to multisectoral workforce and institutionalization of One Health approaches.</p>

	A	B
1	Please add as many success stories/challenges/outbreaks per country as appropriate. Please send pictures as separate attachments.	
2	<b>Partner Name: OHW-NG</b>	<b>Senegal</b>
3	<b>Section 2: Major success stories/notable achievements</b>	Student One Health Innovations Clubs of the University Cheikh Anta Diop (UCAD) of Dakar and Université de Liège (Belgium) participated in a climate change project entitled "Village climato-intelligent au Sénégal, ou comment s'adapter au changement climatique". Participation in partner and stakeholder activities is critical to OHW-NG objectives. OHW-NG offers technical expertise to promote One Health policies and strategies related to multisectoral workforce and institutionalization of One Health approaches.
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9	<b>Section 3: Challenges and potential solutions (if applicable)</b>	With the ongoing COVID-19 situation, all teams are on stay-at-home orders and working remotely. Challenges have risen related to internet connectivity. Teams are actively working to adapt to the situation and looking into options to increase bandwidth and remote access. The AFROHUN Senegal team continues with planned activities as best as possible incorporating remote and virtual options.
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15	<b>Section 4: Outbreak response (if applicable)</b>	
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1	<b>Partner: OHW-NG</b>						
2	<b>Country: Tanzania</b>						
3	<i>Partner Instructions:</i>		<i>Fill this in</i>	<i>Do not modify</i>	<i>Do not modify</i>	<i>Fill this in</i>	<i>Fill this in</i>
4	Technical Area	JEE 1.0 Indicator	Official JEE score (1.0 Tool)	JEE 2.0 Indicator	Conversion to JEE 2.0 <i>calculated automatically</i>	Estimation of Projected FY20Q2 Score	Progress toward Capacity Gain (please reference benchmarks, as appropriate)
5	<b>National legislations, policy and financing</b>	P.1.1 Legislation, laws, regulations, administrative requirements, policies or other government instruments in place are sufficient for implementation of IHR		P.1.1 The State has assessed, adjusted and aligned its domestic legislation, policies and administrative arrangements in all relevant sectors, to enable compliance with the IHR	#N/A		
6		P.1.2 The state can demonstrate that it has adjusted and aligned its domestic legislation, policies and administrative arrangements to enable compliance with the IHR (2005)		P.1.2 Financing is available for the implementation of IHR capacities	new		
7				P.1.3 A financing mechanism and funds are available for timely response to public health emergencies	new		
8	<b>IHR coordination, communication and advocacy</b>	P.2.1 A functional mechanism established for the coordination and integration of relevant sectors in the implementation of IHR		P.2.1 A functional mechanism established for the coordination and integration of relevant sectors in the implementation of IHR	0		
9	<b>Antimicrobial resistance</b>	P.3.1 Antimicrobial resistance (AMR) detection		P.3.1 Effective multisectoral coordination on AMR	new		
10		P.3.2 Surveillance of infections caused by AMR pathogens		P.3.2 Surveillance of AMR	#N/A		
11		P.3.3 Healthcare associated infection (HCAI) prevention and control programs		P.3.3 Infection prevention and control	0		
12		P.3.4 Antimicrobial stewardship activities		P.3.4 Optimize use of antimicrobial medicines in human and animal health and agriculture	new		
13	<b>Zoonotic disease</b>	P.4.1 Surveillance systems in place for priority zoonotic diseases/pathogens		P.4.1 Coordinated surveillance systems in place in the animal health and public health sectors for zoonotic diseases/pathogens identified as joint priorities	0		
14		P.4.2 Veterinary or Animal Health Workforce		Moved to Human Resources	moved to HR		
15		P.4.3 Mechanisms for responding to zoonoses and potential zoonoses are established and functional		P.4.2 Mechanisms for responding to infectious and potential zoonotic diseases established and functional	0		

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16	Food safety			P.5.1 Surveillance systems in place for the detection and monitoring of foodborne diseases and food contamination	new		
17		P.5.1 Mechanisms are established and functioning for detecting and responding to foodborne disease and food contamination		P.5.2 Mechanisms are established and functioning for the response and management of food safety emergencies	0		
18	Biosafety and Biosecurity	P.6.1 Whole-of-Government biosafety and biosecurity system is in place for human, animal, and agriculture facilities		P.6.1 Whole-of-government biosafety and biosecurity system in place for all sectors (including human, animal and agriculture facilities)	0		
19		P.6.2 Biosafety and biosecurity training and practices		P.6.2 Biosafety and biosecurity training and practices in all relevant sectors (including human, animal and agriculture)	0		
20	Immunization	P.7.1 Vaccine coverage (measles) as part of national program		P.7.1 Vaccine coverage (measles) as part of national programme	0		
21		P.7.2 National vaccine access and delivery		P.7.2 National vaccine access and delivery	0		
22	National laboratory system	D.1.1 Laboratory testing for detection of priority diseases		D.1.1 Laboratory testing for detection of priority diseases	0		
23		D.1.2 Specimen referral and transport system		D.1.2 Specimen referral and transport system	0		
24		D.1.3 Effective modern point of care and laboratory based diagnostics		D.1.3 Effective national diagnostic network	0		
25		D.1.4 Laboratory Quality System		D.1.4 Laboratory quality system	0		
26	Real-time surveillance	D.2.1 Indicator and event based surveillance systems		D.2.1 Surveillance systems	0		
27		D.2.2 Inter-operable, interconnected, electronic real-time reporting system		D.2.2 Use of electronic tools	0		
28		D.2.3 Analysis of surveillance data		D.2.3 Analysis of surveillance data	0		
29		D.2.4 Syndromic surveillance systems			0		
30	Reporting	D.3.1 System for efficient reporting to WHO, FAO and OIE		D.3.1 System for efficient reporting to FAO, OIE and WHO	0		
31		D.3.2 Reporting network and protocols in country		D.3.2 Reporting network and protocols in country	0		
32		D.4.1 Human resources are available to implement IHR core capacity requirements	3	D.4.1 An up-to-date multisectoral workforce strategy is in place	3		

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33	Workforce development/ Human Resources	D.4.2 Field Epidemiology Training Program or other applied epidemiology training program in place	4	D.4.2 Human resources are available to effectively implement IHR	4	4	(1) The AFROHUN Tanzania team and University Network partners participated in the first COVID-19 Virtual Community of Practice (VCoP) ECHO session. These VCoPs specifically strengthen the workforce by offering online training and peer-to-peer learning opportunities engaging in-service professionals and students, spanning multiple disciplines across University, Government and Private Sectors (veterinary medicine, public health, agriculture, pharmaceuticals, wildlife and natural resources) in relevant topics such as COVID-19 IPC, and laboratory diagnostics. (2) OHW-NG also worked towards strengthening the functional and organizational capacities of the regional One Health University Networks as leaders in One Health workforce development. These capacity gains allow the University partners to successfully train future One Health professionals that will ultimately be available to support Tanzania workforce and implement IHR effectively.
34		D.4.3 Workforce strategy	2	D.4.3 In-service trainings are available	new	2	OHW-NG continued to support development of Tanzania's national human resources by strengthening local capacity of the One Health workforce. In efforts to standardize trainings aimed at developing competent OH skills, OHW-NG has begun to curate OH training and evaluation tools across academic institutions in Tanzania with the aim of developing a One Health Academy. The Academy will target in-service trainings within the University Networks.
35				D.4.4 FETP or other applied epidemiology training programme is in place	4		
36	Emergency	R.1.1 Multi-hazard national public health emergency preparedness and response plan is developed and implemented		R.1.1 Strategic emergency risk assessments conducted and emergency resources identified and mapped	0		

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33	<p>ECHO, has begun engaging in-service professionals and students in online training and peer-to-peer learning opportunities through development of a Virtual Community of Practice (VCoP). In light of the COVID-19 pandemic, the ECHO session was oriented around providing the most up-to-date information on IPC, laboratory diagnostics, and basic preparedness. These VCoP platforms bring together subject matter experts and professionals from a variety of backgrounds and serve as a way to share best practices from a country, regional and global perspective. The VCoPs/ECHO sessions will continue throughout the project and will be oriented towards relevant topics such as COVID-19 and AMR. (2) OHW-NG provides the OH University Networks with multi-modal capacity-building to enhance their organizations in a stepwise approach, measurably improving across all seven domains of USAID's Organizational Capacity Assessment Tool (governance, administration, human resources, financial management, organizational management, program management,</p>
34	<p>Offerings within the OH Academy will be tailored to address workforce and health security gaps. OHW-NG will work with regulatory bodies to adopt this OH Academy structure in their continuing professional development programs (in-service trainings) at a national level, to allow for formal credentialing of health professionals and further guaranteeing a well-trained and effective health workforce.</p>
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37	<b>Emergency preparedness</b>	R.1.2 Priority public health risks and resources are mapped and utilized.		R.1.2 National multisectoral multihazard emergency preparedness measures, including emergency response plans are developed, implemented and tested	0		
38	<b>Emergency Response Operations</b>	R.2.1 Capacity to Activate Emergency Operations		R.2.1 Emergency Response coordination	new		
39		R.2.2 Emergency Operations Center Operating Procedures and Plans		R.2.2 Emergency operations center (EOC) capacities, procedures and plans	#N/A		
40		R.2.3 Emergency Operations Program		R.2.3 Emergency exercise management programme	0		
41		R.2.4 Case management procedures are implemented for IHR relevant hazards.			Moved to MCM		
42	<b>Linking public health and security authorities</b>	R.3.1 Public Health and Security Authorities, (e.g. Law Enforcement, Border Control, Customs) are linked during a suspect or confirmed biological event		R.3.1 Public health and security authorities (e.g. law enforcement, border control, customs) linked during a suspect or confirmed biological, chemical or radiological event	0		
43	<b>Medical counter-measures and personnel deployment</b>	R.4.1 System is in place for sending and receiving medical countermeasures during a public health emergency		R.4.1 System in place for activating and coordinating medical countermeasures during a public health emergency	0		
44		R.4.2 System is in place for sending and receiving health personnel during a public health emergency		R.4.2 System in place for activating and coordinating health personnel during a public health emergency	0		
45				R.4.3 Case management procedures implemented for IHR relevant hazards	0		
46	<b>Risk communications</b>	R.5.1 Risk Communication Systems (plans, mechanism, etc)		R.5.1 Risk Communication Systems (plans, mechanism, etc.)	0		
47		R.5.2 Internal and Partner Communication and Coordination		R.5.2 Internal and partner coordination for emergency risk communication	0		
48		R.5.3 Public Communication		R.5.3 Public communication for emergencies	0		
49		R.5.4 Communication Engagement with Affected Communities		R.5.4 Communication engagement with affected communities	0		
50		R.5.5 Dynamic Listening and Rumour Management		R.5.5 Addressing perceptions, risky behaviors and misinformation	0		
51	<b>Points of entry</b>	PoE.1 Routine capacities are established at PoE		PoE.1 Routine capacities established at points of entry	0		
52		PoE.2 Effective Public Health Response at Points of Entry		PoE.2 Effective public health response at points of entry	0		

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53	Other						Participated in GHSA and other national level meetings, including two GHSA meetings organized by the USAID mission during which the AFROHUN Tanzania team shared information on activities to be implemented by the Tanzania chapter.

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53	Coordination meetings with national and local partners and stakeholders is critical to OHW-NG objectives. The AFROHUN Tanzania team will continue to participate in these meetings throughout the project ensuring coordination with other USG and stakeholders activities, as well as to promote One Health policies and strategies related to multisectoral workforce and institutionalization of One Health approaches.



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1	Please add as many success stories/challenges/outbreaks per country as appropriate. Please send pictures as separate attachments.	
2	<b>Partner Name: OHW-NG</b>	<b>Tanzania</b>
3	<b>Section 2: Major success stories/notable achievements</b>	
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9	<b>Section 3: Challenges and potential solutions (if applicable)</b>	With the ongoing COVID-19 situation, all teams are on stay-at-home orders and working remotely. Challenges have risen related to internet connectivity. Teams are actively working to adapt to the situation and looking into options to increase bandwidth and remote access. The AFROHUN Tanzania team continues with planned activities as best as possible incorporating remote and virtual options.
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15	<b>Section 4: Outbreak response (if applicable)</b>	
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1	<b>Partner: OHW-NG</b>						
2	<b>Country: Uganda</b>						
3	<i>Partner Instructions:</i>		<i>Fill this in</i>	<i>Do not modify</i>	<i>Do not modify</i>	<i>Fill this in</i>	<i>Fill this in</i>
4	<b>Technical Area</b>	<b>JEE 1.0 Indicator</b>	<b>Official JEE score (1.0 Tool)</b>	<b>JEE 2.0 Indicator</b>	<b>Conversion to JEE 2.0 <i>calculated automatically</i></b>	<b>Estimation of Projected FY20Q2 Score</b>	<b>Progress toward Capacity Gain (please reference benchmarks, as appropriate)</b>
5	<b>National legislations, policy and financing</b>	P.1.1 Legislation, laws, regulations, administrative requirements, policies or other government instruments in place are sufficient for implementation of IHR		P.1.1 The State has assessed, adjusted and aligned its domestic legislation, policies and administrative arrangements in all relevant sectors, to enable compliance with the IHR	#N/A		
6		P.1.2 The state can demonstrate that it has adjusted and aligned its domestic legislation, policies and administrative arrangements to enable compliance with the IHR (2005)		P.1.2 Financing is available for the implementation of IHR capacities	new		
7				P.1.3 A financing mechanism and funds are available for timely response to public health emergencies	new		
8	<b>IHR coordination, communication and advocacy</b>	P.2.1 A functional mechanism established for the coordination and integration of relevant sectors in the implementation of IHR		P.2.1 A functional mechanism established for the coordination and integration of relevant sectors in the implementation of IHR	0		
9	<b>Antimicrobial resistance</b>	P.3.1 Antimicrobial resistance (AMR) detection		P.3.1 Effective multisectoral coordination on AMR	new		
10		P.3.2 Surveillance of infections caused by AMR pathogens		P.3.2 Surveillance of AMR	#N/A		
11		P.3.3 Healthcare associated infection (HCAI) prevention and control programs		P.3.3 Infection prevention and control	0		
12		P.3.4 Antimicrobial stewardship activities		P.3.4 Optimize use of antimicrobial medicines in human and animal health and agriculture	new		
13	<b>Zoonotic disease</b>	P.4.1 Surveillance systems in place for priority zoonotic diseases/pathogens		P.4.1 Coordinated surveillance systems in place in the animal health and public health sectors for zoonotic diseases/pathogens identified as joint priorities	0		
14		P.4.2 Veterinary or Animal Health Workforce		Moved to Human Resources	moved to HR		
15		P.4.3 Mechanisms for responding to zoonoses and potential zoonoses are established and functional		P.4.2 Mechanisms for responding to infectious and potential zoonotic diseases established and functional	0		

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16	Food safety			P.5.1 Surveillance systems in place for the detection and monitoring of foodborne diseases and food contamination	new		
17		P.5.1 Mechanisms are established and functioning for detecting and responding to foodborne disease and food contamination		P.5.2 Mechanisms are established and functioning for the response and management of food safety emergencies	0		
18	Biosafety and Biosecurity	P.6.1 Whole-of-Government biosafety and biosecurity system is in place for human, animal, and agriculture facilities		P.6.1 Whole-of-government biosafety and biosecurity system in place for all sectors (including human, animal and agriculture facilities)	0		
19		P.6.2 Biosafety and biosecurity training and practices		P.6.2 Biosafety and biosecurity training and practices in all relevant sectors (including human, animal and agriculture)	0		
20	Immunization	P.7.1 Vaccine coverage (measles) as part of national program		P.7.1 Vaccine coverage (measles) as part of national programme	0		
21		P.7.2 National vaccine access and delivery		P.7.2 National vaccine access and delivery	0		
22	National laboratory system	D.1.1 Laboratory testing for detection of priority diseases		D.1.1 Laboratory testing for detection of priority diseases	0		
23		D.1.2 Specimen referral and transport system		D.1.2 Specimen referral and transport system	0		
24		D.1.3 Effective modern point of care and laboratory based diagnostics		D.1.3 Effective national diagnostic network	0		
25		D.1.4 Laboratory Quality System		D.1.4 Laboratory quality system	0		
26	Real-time surveillance	D.2.1 Indicator and event based surveillance systems		D.2.1 Surveillance systems	0		
27		D.2.2 Inter-operable, interconnected, electronic real-time reporting system		D.2.2 Use of electronic tools	0		
28		D.2.3 Analysis of surveillance data		D.2.3 Analysis of surveillance data	0		
29		D.2.4 Syndromic surveillance systems			0		
30	Reporting	D.3.1 System for efficient reporting to WHO, FAO and OIE		D.3.1 System for efficient reporting to FAO, OIE and WHO	0		
31		D.3.2 Reporting network and protocols in country		D.3.2 Reporting network and protocols in country	0		
32		D.4.1 Human resources are available to implement IHR core capacity requirements	3	D.4.1 An up-to-date multisectoral workforce strategy is in place	3		

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33	<b>Workforce development/ Human Resources</b>	D.4.2 Field Epidemiology Training Program or other applied epidemiology training program in place	4	D.4.2 Human resources are available to effectively implement IHR	4	4	(1) The AFROHUN Uganda team, OHW-NG Secretariat and University Network partners participated in the first COVID-19 Virtual Community of Practice (VCoP) ECHO session. These VCoPs specifically strengthen the workforce by offering online training and peer-to-peer learning opportunities engaging in-service professionals and students, spanning multiple disciplines across University, Government and Private Sectors (veterinary medicine, public health, agriculture, pharmaceuticals, wildlife and natural resources) in relevant topics such as COVID-19 IPC, and laboratory diagnostics. (2) OHW-NG also worked towards strengthening the functional and organizational capacities of the regional One Health University Networks as leaders in One Health workforce development. These capacity gains allow the University partners to successfully train future One Health professionals that will ultimately be available to support Uganda's workforce and implement IHR effectively.

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33	<p>Project ECHO, has begun engaging in-service professionals and students in online training and peer-to-peer learning opportunities through development of a Virtual Community of Practice (VCoP). In light of the COVID-19 pandemic, the ECHO session was oriented around providing the most up-to-date information on IPC, laboratory diagnostics, and basic preparedness. These VCoP platforms bring together subject matter experts and professionals from a variety of backgrounds and serve as a way to share best practices from a country, regional and global perspective. The VCoPs/ECHO sessions will continue throughout the project and will be oriented towards relevant topics such as COVID-19 and AMR. (2) OHW-</p>

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34		D.4.3 Workforce strategy	3	D.4.3 In-service trainings are available	new	3	(1) Conducted meetings for Theoretical Principles in Infectious Disease Management (IDM- undergraduate and post-graduate) course. (2) Participated in the One Health district training project meetings organised by Makerere University School of Public Health (MakSPH) and AFROHUN. The meetings reviewed One Health curriculum modules to be used during the training and the districts to be trained. OHW-NG offers technical expertise on best practices to incorporate the One Health approach targeting in-service district level health officers. (3) OHW-NG continued to support development of Uganda's national human resources by strengthening local capacity of the One Health workforce. In efforts to standardize trainings aimed at developing competent OH skills, OHW-NG has begun to curate OH training and evaluation tools across academic institutions in Uganda with the aim of developing a One Health Academy. The Academy will target in-service trainings within the University Networks.
35				D.4.4 FETP or other applied epidemiology training programme is in place	4		
36	Emergency preparedness	R.1.1 Multi-hazard national public health emergency preparedness and response plan is developed and implemented		R.1.1 Strategic emergency risk assessments conducted and emergency resources identified and mapped	0		
37		R.1.2 Priority public health risks and resources are mapped and utilized.		R.1.2 National multisectoral multihazard emergency preparedness measures, including emergency response plans are developed, implemented and tested	0		
38	Emergency Response Operations	R.2.1 Capacity to Activate Emergency Operations		R.2.1 Emergency Response coordination	new		
39		R.2.2 Emergency Operations Center Operating Procedures and Plans		R.2.2 Emergency operations center (EOC) capacities, procedures and plans	#N/A		
40		R.2.3 Emergency Operations Program		R.2.3 Emergency exercise management programme	0		
41		R.2.4 Case management procedures are implemented for IHR relevant hazards.			Moved to MCM		

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34	The OHW-NG team will continue to target in-service trainings as part of the project, increasing the capacity of the health workforce available to respond to health security threats in the country. Offerings within the OH Academy will be tailored to address workforce and health security gaps. OHW-NG will work with regulatory bodies to adopt this OH Academy structure in their continuing professional development programs (in-service trainings) at a national level, to allow for formal credentialing of health professionals and further guaranteeing a well-trained and effective health workforce.
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42	<b>Linking public health and security authorities</b>	R.3.1 Public Health and Security Authorities, (e.g. Law Enforcement, Border Control, Customs) are linked during a suspect or confirmed biological event		R.3.1 Public health and security authorities (e.g. law enforcement, border control, customs) linked during a suspect or confirmed biological, chemical or radiological event	0		
43	<b>Medical counter-measures and personnel deployment</b>	R.4.1 System is in place for sending and receiving medical countermeasures during a public health emergency		R.4.1 System in place for activating and coordinating medical countermeasures during a public health emergency	0		
44		R.4.2 System is in place for sending and receiving health personnel during a public health emergency		R.4.2 System in place for activating and coordinating health personnel during a public health emergency	0		
45				R.4.3 Case management procedures implemented for IHR relevant hazards	0		
46	<b>Risk communications</b>	R.5.1 Risk Communication Systems (plans, mechanism, etc)		R.5.1 Risk Communication Systems (plans, mechanism, etc.)	0		
47		R.5.2 Internal and Partner Communication and Coordination		R.5.2 Internal and partner coordination for emergency risk communication	0		
48		R.5.3 Public Communication		R.5.3 Public communication for emergencies	0		
49		R.5.4 Communication Engagement with Affected Communities		R.5.4 Communication engagement with affected communities	0		
50		R.5.5 Dynamic Listening and Rumour Management		R.5.5 Addressing perceptions, risky behaviors and misinformation	0		
51	<b>Points of entry</b>	PoE.1 Routine capacities are established at PoE		PoE.1 Routine capacities established at points of entry	0		
52		PoE.2 Effective Public Health Response at Points of Entry		PoE.2 Effective public health response at points of entry	0		

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1	Please add as many success stories/challenges/outbreaks per country as appropriate. Please send pictures as separate attachments.	
2	<b>Partner Name: OHW-NG</b>	<b>Uganda</b>
3	<b>Section 2: Major success stories/notable achievements</b>	<p>(1) Participated in the One Health district training project meetings organised by Makerere University School of Public Health (MakSPH) and AFROHUN. The meetings reviewed One Health curriculum modules to be used during the training and the districts to be trained. OHW-NG offers technical expertise on best practices to incorporate the One Health approach targeting in-service district level health officers.</p> <p>(2) Participated in stakeholders meeting organized by the East Africa Community regarding the Cross-Border Field Simulation Exercise to be conducted along the Uganda/South Sudan Border. This exercise is planned to take place in October 2020 using a One Health approach. As a key One Health champion in the East African region, AFROHUN Uganda was invited to contribute to the planning of this exercise. The OHW-NG team offers technical expertise to incorporate and institutionalizing One Health within training exercises to build a better equipped multisectoral workforce.</p>
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9	<b>Section 3: Challenges and potential solutions (if applicable)</b>	<p>With the ongoing COVID-19 situation, all teams are on stay-at-home orders and working remotely. Challenges have risen related to internet connectivity. Teams are actively working to adapt to the situation and looking into options to increase bandwidth and remote access. The AFROHUN Uganda team continues with planned activities as best as possible incorporating remote and virtual options.</p>
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15	<b>Section 4: Outbreak response (if applicable)</b>	<p>Participated in National Task Force meetings on outbreak response. AFROHUN Uganda was requested to support the risk communication sub-committee.</p>
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1	<b>Partner: OHW-NG</b>						
2	<b>Country: Indonesia</b>						
3	<i>Partner Instructions:</i>		<i>Fill this in</i>	<i>Do not modify</i>	<i>Do not modify</i>	<i>Fill this in</i>	<i>Fill this in</i>
4	Technical Area	JEE 1.0 Indicator	Official JEE score (1.0 Tool)	JEE 2.0 Indicator	Conversion to JEE 2.0 <i>calculated automatically</i>	Estimation of Projected FY20Q2 Score	Progress toward Capacity Gain (please reference benchmarks, as appropriate)
5	<b>National legislations, policy and financing</b>	P.1.1 Legislation, laws, regulations, administrative requirements, policies or other government instruments in place are sufficient for implementation of IHR		P.1.1 The State has assessed, adjusted and aligned its domestic legislation, policies and administrative arrangements in all relevant sectors, to enable compliance with the IHR	#N/A		
6		P.1.2 The state can demonstrate that it has adjusted and aligned its domestic legislation, policies and administrative arrangements to enable compliance with the IHR (2005)		P.1.2 Financing is available for the implementation of IHR capacities	new		
7				P.1.3 A financing mechanism and funds are available for timely response to public health emergencies	new		
8	<b>IHR coordination, communication and advocacy</b>	P.2.1 A functional mechanism established for the coordination and integration of relevant sectors in the implementation of IHR		P.2.1 A functional mechanism established for the coordination and integration of relevant sectors in the implementation of IHR	0		
9	<b>Antimicrobial resistance</b>	P.3.1 Antimicrobial resistance (AMR) detection		P.3.1 Effective multisectoral coordination on AMR	new		
10		P.3.2 Surveillance of infections caused by AMR pathogens		P.3.2 Surveillance of AMR	#N/A		
11		P.3.3 Healthcare associated infection (HCAI) prevention and control programs		P.3.3 Infection prevention and control	0		
12		P.3.4 Antimicrobial stewardship activities		P.3.4 Optimize use of antimicrobial medicines in human and animal health and agriculture	new		
13	<b>Zoonotic disease</b>	P.4.1 Surveillance systems in place for priority zoonotic diseases/pathogens		P.4.1 Coordinated surveillance systems in place in the animal health and public health sectors for zoonotic diseases/pathogens identified as joint priorities	0		
14		P.4.2 Veterinary or Animal Health Workforce		Moved to Human Resources	moved to HR		
15		P.4.3 Mechanisms for responding to zoonoses and potential zoonoses are established and functional		P.4.2 Mechanisms for responding to infectious and potential zoonotic diseases established and functional	0		

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16	Food safety			P.5.1 Surveillance systems in place for the detection and monitoring of foodborne diseases and food contamination	new		
17		P.5.1 Mechanisms are established and functioning for detecting and responding to foodborne disease and food contamination		P.5.2 Mechanisms are established and functioning for the response and management of food safety emergencies	0		
18	Biosafety and Biosecurity	P.6.1 Whole-of-Government biosafety and biosecurity system is in place for human, animal, and agriculture facilities		P.6.1 Whole-of-government biosafety and biosecurity system in place for all sectors (including human, animal and agriculture facilities)	0		
19		P.6.2 Biosafety and biosecurity training and practices		P.6.2 Biosafety and biosecurity training and practices in all relevant sectors (including human, animal and agriculture)	0		
20	Immunization	P.7.1 Vaccine coverage (measles) as part of national program		P.7.1 Vaccine coverage (measles) as part of national programme	0		
21		P.7.2 National vaccine access and delivery		P.7.2 National vaccine access and delivery	0		
22	National laboratory system	D.1.1 Laboratory testing for detection of priority diseases		D.1.1 Laboratory testing for detection of priority diseases	0		
23		D.1.2 Specimen referral and transport system		D.1.2 Specimen referral and transport system	0		
24		D.1.3 Effective modern point of care and laboratory based diagnostics		D.1.3 Effective national diagnostic network	0		
25		D.1.4 Laboratory Quality System		D.1.4 Laboratory quality system	0		
26	Real-time surveillance	D.2.1 Indicator and event based surveillance systems		D.2.1 Surveillance systems	0		
27		D.2.2 Inter-operable, interconnected, electronic real-time reporting system		D.2.2 Use of electronic tools	0		
28		D.2.3 Analysis of surveillance data		D.2.3 Analysis of surveillance data	0		
29		D.2.4 Syndromic surveillance systems			0		
30	Reporting	D.3.1 System for efficient reporting to WHO, FAO and OIE		D.3.1 System for efficient reporting to FAO, OIE and WHO	0		
31		D.3.2 Reporting network and protocols in country		D.3.2 Reporting network and protocols in country	0		
32		D.4.1 Human resources are available to implement IHR core capacity requirements	3	D.4.1 An up-to-date multisectoral workforce strategy is in place	3		

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33	Workforce development/ Human Resources	D.4.2 Field Epidemiology Training Program or other applied epidemiology training program in place	4	D.4.2 Human resources are available to effectively implement IHR	4	4	(1) The INDOHUN team and University Network partners participated in the first COVID-19 Virtual Community of Practice (VCoP) ECHO session. These VCoPs specifically strengthen the workforce by offering online training and peer-to-peer learning opportunities engaging in-service professionals and students, spanning multiple disciplines across University, Government and Private Sectors (veterinary medicine, public health, agriculture, pharmaceuticals, wildlife and natural resources) in relevant topics such as COVID-19 IPC, and laboratory diagnostics. (2) OHW-NG also worked towards strengthening the functional and organizational capacities of the regional One Health University Networks as leaders in One Health workforce development. These capacity gains allow the University partners to successfully train future One Health professionals that will ultimately be available to support Indonesia's workforce and implement IHR effectively.
34		D.4.3 Workforce strategy	3	D.4.3 In-service trainings are available	new	3	OHW-NG continued to support development of Indonesia's national human resources by strengthening local capacity of the One Health workforce. In efforts to standardize trainings aimed at developing competent OH skills, OHW-NG has begun to curate OH training and evaluation tools across academic institutions in Indonesia with the aim of developing a One Health Academy. The Academy will target in-service trainings within the University Networks.
35				D.4.4 FETP or other applied epidemiology training programme is in place	4		

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33	<p>Project ECHO, has begun engaging in-service professionals and students in online training and peer-to-peer learning opportunities through development of a Virtual Community of Practice (VCoP). In light of the COVID-19 pandemic, the ECHO session was oriented around providing the most up-to-date information on IPC, laboratory diagnostics, and basic preparedness. These VCoP platforms bring together subject matter experts and professionals from a variety of backgrounds and serve as a way to share best practices from a country, regional and global perspective. The VCoPs/ECHO sessions will continue throughout the project and will be oriented towards relevant topics such as COVID-19 and AMR. (2) OHW-</p>
34	<p>Offerings within the OH Academy will be tailored to address workforce and health security gaps. OHW-NG will work with regulatory bodies to adopt this OH Academy structure in their continuing professional development programs (in-service trainings) at a national level, to allow for formal credentialing of health professionals and further guaranteeing a well-trained and effective health workforce.</p>
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	A	B	C	D	E	F	G
36	<b>Emergency preparedness</b>	R.1.1 Multi-hazard national public health emergency preparedness and response plan is developed and implemented		R.1.1 Strategic emergency risk assessments conducted and emergency resources identified and mapped	0		
37		R.1.2 Priority public health risks and resources are mapped and utilized.		R.1.2 National multisectoral multihazard emergency preparedness measures, including emergency response plans are developed, implemented and tested	0		
38	<b>Emergency Response Operations</b>	R.2.1 Capacity to Activate Emergency Operations		R.2.1 Emergency Response coordination	new		
39		R.2.2 Emergency Operations Center Operating Procedures and Plans		R.2.2 Emergency operations center (EOC) capacities, procedures and plans	#N/A		
40		R.2.3 Emergency Operations Program		R.2.3 Emergency exercise management programme	0		
41		R.2.4 Case management procedures are implemented for IHR relevant hazards.			Moved to MCM		
42	<b>Linking public health and security authorities</b>	R.3.1 Public Health and Security Authorities, (e.g. Law Enforcement, Border Control, Customs) are linked during a suspect or confirmed biological event		R.3.1 Public health and security authorities (e.g. law enforcement, border control, customs) linked during a suspect or confirmed biological, chemical or radiological event	0		
43	<b>Medical counter-measures and personnel deployment</b>	R.4.1 System is in place for sending and receiving medical countermeasures during a public health emergency		R.4.1 System in place for activating and coordinating medical countermeasures during a public health emergency	0		
44		R.4.2 System is in place for sending and receiving health personnel during a public health emergency		R.4.2 System in place for activating and coordinating health personnel during a public health emergency	0		
45				R.4.3 Case management procedures implemented for IHR relevant hazards	0		
46	<b>Risk communications</b>	R.5.1 Risk Communication Systems (plans, mechanism, etc)		R.5.1 Risk Communication Systems (plans, mechanism, etc.)	0		
47		R.5.2 Internal and Partner Communication and Coordination		R.5.2 Internal and partner coordination for emergency risk communication	0		
48		R.5.3 Public Communication		R.5.3 Public communication for emergencies	0		
49		R.5.4 Communication Engagement with Affected Communities		R.5.4 Communication engagement with affected communities	0		
50		R.5.5 Dynamic Listening and Rumour Management		R.5.5 Addressing perceptions, risky behaviors and misinformation	0		



	A	B	C	D	E	F	G
51	Points of entry	PoE.1 Routine capacities are established at PoE		PoE.1 Routine capacities established at points of entry	0		
52		PoE.2 Effective Public Health Response at Points of Entry		PoE.2 Effective public health response at points of entry	0		

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1	Please add as many success stories/challenges/outbreaks per country as appropriate. Please send pictures as separate attachments.	
2	<b>Partner Name: OHW-NG</b>	<b>Indonesia</b>
3	<b>Section 2: Major success stories/notable achievements</b>	Indonesia OHCCs have been involved and contributed to raising awareness of outbreak response in their regions by engaging in online and virtual activities such as webinars and social media campaigns to share and disseminate up-to-date and accurate information to communities. With University closures and stay-at-home orders, virtual communities and online platforms for trainings, and sharing of information become critical to both reach the communities at need and to continue with critical workplan activities.
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9	<b>Section 3: Challenges and potential solutions (if applicable)</b>	With the ongoing COVID-19 situation, all teams are on stay-at-home orders and working remotely. Challenges have risen related to internet connectivity. Teams are actively working to adapt to the situation and looking into options to increase bandwidth and remote access. The INDOHUN team continues with planned activities as best as possible incorporating remote and virtual options.
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15	<b>Section 4: Outbreak response (if applicable)</b>	
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1	<b>Partner: OHW-NG</b>						
2	<b>Country: Vietnam</b>						
3	<i>Partner Instructions:</i>		<i>Fill this in</i>	<i>Do not modify</i>	<i>Do not modify</i>	<i>Fill this in</i>	<i>Fill this in</i>
4	Technical Area	JEE 1.0 Indicator	Official JEE score (1.0 Tool)	JEE 2.0 Indicator	Conversion to JEE 2.0 <i>calculated automatically</i>	Estimation of Projected FY20Q2 Score	Progress toward Capacity Gain (please reference benchmarks, as appropriate)
5	<b>National legislations, policy and financing</b>	P.1.1 Legislation, laws, regulations, administrative requirements, policies or other government instruments in place are sufficient for implementation of IHR		P.1.1 The State has assessed, adjusted and aligned its domestic legislation, policies and administrative arrangements in all relevant sectors, to enable compliance with the IHR	#N/A		
6		P.1.2 The state can demonstrate that it has adjusted and aligned its domestic legislation, policies and administrative arrangements to enable compliance with the IHR (2005)		P.1.2 Financing is available for the implementation of IHR capacities	new		
7				P.1.3 A financing mechanism and funds are available for timely response to public health emergencies	new		
8	<b>IHR coordination, communication and advocacy</b>	P.2.1 A functional mechanism established for the coordination and integration of relevant sectors in the implementation of IHR		P.2.1 A functional mechanism established for the coordination and integration of relevant sectors in the implementation of IHR	0		
9	<b>Antimicrobial resistance</b>	P.3.1 Antimicrobial resistance (AMR) detection		P.3.1 Effective multisectoral coordination on AMR	new		
10		P.3.2 Surveillance of infections caused by AMR pathogens		P.3.2 Surveillance of AMR	#N/A		
11		P.3.3 Healthcare associated infection (HCAI) prevention and control programs		P.3.3 Infection prevention and control	0		
12		P.3.4 Antimicrobial stewardship activities		P.3.4 Optimize use of antimicrobial medicines in human and animal health and agriculture	new		
13	<b>Zoonotic disease</b>	P.4.1 Surveillance systems in place for priority zoonotic diseases/pathogens		P.4.1 Coordinated surveillance systems in place in the animal health and public health sectors for zoonotic diseases/pathogens identified as joint priorities	0		
14		P.4.2 Veterinary or Animal Health Workforce		Moved to Human Resources	moved to HR		
15		P.4.3 Mechanisms for responding to zoonoses and potential zoonoses are established and functional		P.4.2 Mechanisms for responding to infectious and potential zoonotic diseases established and functional	0		

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16	Food safety			P.5.1 Surveillance systems in place for the detection and monitoring of foodborne diseases and food contamination	new		
17		P.5.1 Mechanisms are established and functioning for detecting and responding to foodborne disease and food contamination		P.5.2 Mechanisms are established and functioning for the response and management of food safety emergencies	0		
18	Biosafety and Biosecurity	P.6.1 Whole-of-Government biosafety and biosecurity system is in place for human, animal, and agriculture facilities		P.6.1 Whole-of-government biosafety and biosecurity system in place for all sectors (including human, animal and agriculture facilities)	0		
19		P.6.2 Biosafety and biosecurity training and practices		P.6.2 Biosafety and biosecurity training and practices in all relevant sectors (including human, animal and agriculture)	0		
20	Immunization	P.7.1 Vaccine coverage (measles) as part of national program		P.7.1 Vaccine coverage (measles) as part of national programme	0		
21		P.7.2 National vaccine access and delivery		P.7.2 National vaccine access and delivery	0		
22	National laboratory system	D.1.1 Laboratory testing for detection of priority diseases		D.1.1 Laboratory testing for detection of priority diseases	0		
23		D.1.2 Specimen referral and transport system		D.1.2 Specimen referral and transport system	0		
24		D.1.3 Effective modern point of care and laboratory based diagnostics		D.1.3 Effective national diagnostic network	0		
25		D.1.4 Laboratory Quality System		D.1.4 Laboratory quality system	0		
26	Real-time surveillance	D.2.1 Indicator and event based surveillance systems		D.2.1 Surveillance systems	0		
27		D.2.2 Inter-operable, interconnected, electronic real-time reporting system		D.2.2 Use of electronic tools	0		
28		D.2.3 Analysis of surveillance data		D.2.3 Analysis of surveillance data	0		
29		D.2.4 Syndromic surveillance systems			0		
30	Reporting	D.3.1 System for efficient reporting to WHO, FAO and OIE		D.3.1 System for efficient reporting to FAO, OIE and WHO	0		
31		D.3.2 Reporting network and protocols in country		D.3.2 Reporting network and protocols in country	0		
32		D.4.1 Human resources are available to implement IHR core capacity requirements	3	D.4.1 An up-to-date multisectoral workforce strategy is in place	3		

	A	B	C	D	E	F	G
33	Workforce development/ Human Resources	D.4.2 Field Epidemiology Training Program or other applied epidemiology training program in place	4	D.4.2 Human resources are available to effectively implement IHR	4	4	(1) The VOHUN team and University Network partners participated in the first COVID-19 Virtual Community of Practice (VCoP) ECHO session. These VCoPs specifically strengthen the workforce by offering online training and peer-to-peer learning opportunities engaging in-service professionals and students, spanning multiple disciplines across University, Government and Private Sectors (veterinary medicine, public health, agriculture, pharmaceuticals, wildlife and natural resources) in relevant topics such as COVID-19 IPC, and laboratory diagnostics. (2) OHW-NG also worked towards strengthening the functional and organizational capacities of the regional One Health University Networks as leaders in One Health workforce development. These capacity gains allow the University partners to successfully train future One Health professionals that will ultimately be available to support Vietnam's workforce and implement IHR effectively.
34		D.4.3 Workforce strategy	3	D.4.3 In-service trainings are available	new	3	OHW-NG continued to support development of Vietnam's national human resources by strengthening local capacity of the One Health workforce. In efforts to standardize trainings aimed at developing competent OH skills, OHW-NG has begun to curate OH training and evaluation tools across academic institutions in Vietnam with the aim of developing a One Health Academy. The Academy will target in-service trainings within the University Networks.
35				D.4.4 FETP or other applied epidemiology training programme is in place	4		

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33	<p>Project ECHO, has begun engaging in-service professionals and students in online training and peer-to-peer learning opportunities through development of a Virtual Community of Practice (VCoP). In light of the COVID-19 pandemic, the ECHO session was oriented around providing the most up-to-date information on IPC, laboratory diagnostics, and basic preparedness. These VCoP platforms bring together subject matter experts and professionals from a variety of backgrounds and serve as a way to share best practices from a country, regional and global perspective. The VCoPs/ECHO sessions will continue throughout the project and will be oriented towards relevant topics such as COVID-19 and AMR. (2) OHW-</p>
34	<p>Offerings within the OH Academy will be tailored to address workforce and health security gaps. OHW-NG will work with regulatory bodies to adopt this OH Academy structure in their continuing professional development programs (in-service trainings) at a national level, to allow for formal credentialing of health professionals and further guaranteeing a well-trained and effective health workforce.</p>
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	A	B	C	D	E	F	G
36	<b>Emergency preparedness</b>	R.1.1 Multi-hazard national public health emergency preparedness and response plan is developed and implemented		R.1.1 Strategic emergency risk assessments conducted and emergency resources identified and mapped	0		
37		R.1.2 Priority public health risks and resources are mapped and utilized.		R.1.2 National multisectoral multihazard emergency preparedness measures, including emergency response plans are developed, implemented and tested	0		
38	<b>Emergency Response Operations</b>	R.2.1 Capacity to Activate Emergency Operations		R.2.1 Emergency Response coordination	new		
39		R.2.2 Emergency Operations Center Operating Procedures and Plans		R.2.2 Emergency operations center (EOC) capacities, procedures and plans	#N/A		
40		R.2.3 Emergency Operations Program		R.2.3 Emergency exercise management programme	0		
41		R.2.4 Case management procedures are implemented for IHR relevant hazards.			Moved to MCM		
42	<b>Linking public health and security authorities</b>	R.3.1 Public Health and Security Authorities, (e.g. Law Enforcement, Border Control, Customs) are linked during a suspect or confirmed biological event		R.3.1 Public health and security authorities (e.g. law enforcement, border control, customs) linked during a suspect or confirmed biological, chemical or radiological event	0		
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44		R.4.2 System is in place for sending and receiving health personnel during a public health emergency		R.4.2 System in place for activating and coordinating health personnel during a public health emergency	0		
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46	<b>Risk communications</b>	R.5.1 Risk Communication Systems (plans, mechanism, etc)		R.5.1 Risk Communication Systems (plans, mechanism, etc.)	0		
47		R.5.2 Internal and Partner Communication and Coordination		R.5.2 Internal and partner coordination for emergency risk communication	0		
48		R.5.3 Public Communication		R.5.3 Public communication for emergencies	0		
49		R.5.4 Communication Engagement with Affected Communities		R.5.4 Communication engagement with affected communities	0		
50		R.5.5 Dynamic Listening and Rumour Management		R.5.5 Addressing perceptions, risky behaviors and misinformation	0		



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52		PoE.2 Effective Public Health Response at Points of Entry		PoE.2 Effective public health response at points of entry	0		

	A	B
1	Please add as many success stories/challenges/outbreaks per country as appropriate. Please send pictures as separate attachments.	
2	<b>Partner Name: OHW-NG</b>	<b>Vietnam</b>
3	<b>Section 2: Major success stories/notable achievements</b>	<p>In March 2020, the Student One Health Club (SOHC) of Hanoi Medical University (HOH) with support from the Vietnam One Health University Network National Coordinating Office (VOHUN NCO) held an online community meeting on Facebook to provide information about outbreak response and host a Q&amp;A on the club's homepage. With the support from the Institute of Preventive Medicine and Public Health (IPMPH) and VOHUN NCO the studnets produced a video clip on guidance for a Q&amp;A for audiences to send in their questions related to virus outbreak response topics. Answers were provided by the club with support from IPMPH lectureres and Public Health officials and made them available in their homepage. With University closures and stay-at-home orders, virutal communities and online platforms for trainings, and sharing of information become critical to both reach the communities at need and to continue with workplan activities.</p>
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9	<b>Section 3: Challenges and potential solutions (if applicable)</b>	<p>With the ongoing COVID-19 situation, all teams are on stay-at-home orders and working remotely. Challenges have risen related to internet connectivity. Teams are actively working to adapt to the situation and looking into options to increase bandwidth and remote access. The VOHUN team continues with planned activities as best as possible incorporating remote and vitural options.</p>
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15	<b>Section 4: Outbreak response (if applicable)</b>	
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